Virginia State Board of Elections



Statement of Organization CANDIDATE COMMITTEE

CITY OF ALEXANDRIA

Commonwealth of Virginia

MAY 1 4 2012

VOTER REGISTRATION

ELECTORAL BOARD

*Please read instructions before completing this form.

		Type of Statement	2000年的1000年,			
□ NEW		AMENDED				
This committee is registering with the Virginia State Board of Elections for the first time.		This committee is filing an amended Statement of Organization.				
		Date Changes Took Effect	SBE-issued Committee ID			
		5/11/12	000 2188			
Committee Information						
Committee Information	WOOD FOR C	OUNC/L				
	Name of Candidate Campai	gn Committee				
	P.O. BOX 3.	20163				
	Street Address/PO Box		Suite #			
	ALEXANDRIA	4	VIRGINIA 22320			
	City		State Zip Code			
	WOODFOR COUNCIL @ GMAIL, COM					
	Email Address Daytime Phone #					
	WWW. WOODFORCOUNCIL. COM					
	Campaign Website					
		Candidate Information				
	Wood	JoHN First Name	ROBERT			
			Middle Name Suffix			
	711 POTO	MAC ST.				
	Residence Address		Apt #			
Candidate	ALEXANDA	UA VI				
Information	ALEXANDRIA VA. 22314 City State Zip Code					
	County or City of Residence		Voter Identification #			
	JRWOOD72 @ GMAIL. COM 571-216-2642					
	Email Address Daytime Phone #					
	By checking this box, I certify that I am currently registered to vote at the address above.					
Election Information						
Election Information	CITY COUNCIL Office Sought District (if one) REPUBLICAN 2012 November May Special					
	Office Sought District (if one)					
	REPUBLICAN	2017	November			
	Political Party	Year of Election	Type of Election			



Statement of Organization CANDIDATE COMMITTEE

	Treasurer	Information			
	FAUTH	Gallery) First Name	Wille Name	111	
			Middle Name	Suffix	
	Residence Address Apt #				
	Residence Address		-		
Treasurer Information	ALEXANDRAG	VA	22314		
	ACERMONDEIR VA		State	Zip Code	
	County or City of Residence		Voter Identification #		
	gw Fouth @ earchst. Net (703) 549-6161				
	Email Address		Daytime Phone #		
	By checking this box, I certify that I am currently registered to vote at the address above.				
Campaign Depository					
CAPITAL ONE BANK					
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)			
ALEXANDI	RIA VINGINIA				
City	State	City	State		
Committee Activity					
	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")				
	Date first contribution accepted:				
	Date first expenditure made: 5/2/2012				
Dates of Activity	Date campaign depository designated: 4/30/12				
	Date filing fee paid for party nomination: 5/1/12				
	Date Statement of Qualification filed: 5/1/12				
	Date treasurer appointed: 5/11/12				

5/1/2012 Acct was opened with a loan of \$5000.

(continued on next page)

Revised: March 20, 2012





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Filing Method					
Filing Method	Please indicate the method by which this committee will submit all required campaign finance reports: File electronically using SBE's Electronic Filing Application. File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:) File paper reports. Signature 5/13/12 Date				
Signatures					
Candidate's Signature	I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the Code of Virginia. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. 5/13/12				
Treasurer's Signature	I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the Code of Virginia for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections of local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. Treasurer's Signature Date				